

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002524

STATE FILE NUMBER

AMENDED

Registration District No. 283

Primary Registration District No. 56.55

Registrar's No. 147

FILED JAN 31 1962

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon		Length of stay in 1b 5 years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS Lee's Summit, Mo.		Residence on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Albert Middle Duke Last Duke		4. DATE OF DEATH Month January Day 23 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-14-76
9. AGE (last birthday) 85		IF UNDER 1 YEAR Months 85 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction		10b. KIND OF BUSINESS OR INDUSTRY K entucky	
11. BIRTHPLACE (City and state or country) U. S.		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Charles Casey Duke		13b. MOTHER'S MAIDEN NAME Margaret Ann Garrison	
14. NAME OF HUSBAND OR WIFE San. Records, Mo.S.S., Mt.Vernon, Mo.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT San. Records, Mo.S.S., Mt.Vernon, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary tuberculosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cor Pulmonale		INTERVAL BETWEEN ONSET AND DEATH 8 years	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 11 a.m. 56 Month, Day, Year 1-23-62	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 11-5-56 to 1-23-62 and last saw him alive on 1-23-62 Death occurred at 4:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Daniel R. Wilson MD (Degree or title)	
22b. ADDRESS Mo. S. S., Mt. Vernon, Mo.		22c. DATE SIGNED 1-23-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-25-62	
23c. NAME OF CEMETERY OR CREMATORY My. University Medical Center		23d. LOCATION (City, town, or county) (State) Columbia Mo	
24. FUNERAL DIRECTOR Max Z. Lorette		25. DATE RECD. BY LOCAL REG. 1-25-62	
26. REGISTRAR'S SIGNATURE Roy Wynne			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max L. Tarnell

Licensed Embalmer No. 4252

P. O. Address Millersville, Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.